Children’s National Medical Center

Family History Genetics Questionnaire

Your answers to this Family History Questionnaire will help your care providers at Children’s National to know if your family has a risk of a certain illness. Your confidential answers will give your care providers important information that may help decide future treatment. Your answers may result in a referral to a geneticist/ a genetic counselor who is very good at answering questions about family health.

Child’s Maternal Family History

Please check (√) below each item that you/your child or any of your (or your child’s) close relatives (on the mother’s side (maternal) have had. For each item you check, please tell us WHO has had this problem (ex: grandmother, aunt, cousin, father, etc.). You can write in more details on the lines below if you like.

___ Multiple miscarriages (3 or more), stillbirths or babies that died in infancy
___ Birth defects (ex: cleft lip/palate, heart defects) ___ Learning problems or intellectual disability
___ Hearing or vision loss in childhood ___ Muscle disorder (ex: muscular dystrophy)
___ Down syndrome or other genetic conditions ___ Autism or autism spectrum disorders
___ Bleeding disorders ___ Multiple fractures with minimal trauma
___ Skin problems (ex: unusual birthmarks, etc) ___ Cancer prior to 50 years old
___ Sudden unexplained death ___ Other health concerns
___ Special dietary needs or limitations (ex: no protein, biotin supplements)

_____________________________________________________________________________________
_____________________________________________________________________________________

Child’s Paternal Family History

Please check (√) below each item that you/your child or any of your (or your child’s) close relatives (on the father’s side (paternal)) have had. For each item you check, please tell us WHO has had this problem (ex: grandmother, aunt, cousin, father, etc.). You can write in more details on the lines below if you like.

___ Multiple miscarriages (3 or more), stillbirths or babies that died in infancy
___ Birth defects (ex: cleft lip/palate, heart defects) ___ Learning problems or intellectual disability
___ Hearing or vision loss in childhood ___ Muscle disorder (ex: muscular dystrophy)
___ Down syndrome or other genetic conditions ___ Autism or autism spectrum disorders
___ Bleeding disorders ___ Multiple fractures with minimal trauma
___ Skin problems (ex: unusual birthmarks, etc) ___ Cancer prior to 50 years old
___ Sudden unexplained death ___ Other health concerns
___ Special dietary needs or limitations (ex: no protein, biotin supplements)

_____________________________________________________________________________________
_____________________________________________________________________________________

Are you considering having children or having more children? Yes______ No______
If you would like to meet with a genetic counselor to discuss reproductive risks check here ____
I would like a geneticist to evaluate me/my child ____ Yes____ No____

Child’s School/development history

Do you or does anyone else have any concerns about your child’s development? Yes No
If yes, please explain:______________________________________________________________

Does your child have special learning needs? Yes No
If yes, please explain:______________________________________________________________

Does your child receive any therapies (e.g., physical, occupational, speech, other)? Yes No
If yes, please explain:______________________________________________________________

Child’s Past Medical History

Please list any specialty doctors you/ your child see aside from a primary care doctor or dentist

<table>
<thead>
<tr>
<th>Name of doctor</th>
<th>Specialty</th>
<th>Reason</th>
<th>How often?</th>
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<tbody>
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</table>
### Pregnancy History of Patient's Mother

<table>
<thead>
<tr>
<th>Any complications during the pregnancy?</th>
<th>Yes</th>
<th>No</th>
<th>Detail</th>
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<tbody>
<tr>
<td>Is mom pregnant now?</td>
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<tr>
<td>Due date:</td>
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</tbody>
</table>

Mother's age now: __________ years  
Father's age now: __________ years

Nursing notes (additional observations):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________